

SUPPLEMENTAL APPLICATION DATA SHEET**Application Information**

Application Type:: Continuation
Title:: METHOD FOR REPAIRING DAMAGED
INTERVERTEBRAL DISCS
Attorney Docket Number:: S-9-6
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 34
Small Entity?:: No

Applicant Information

Applicant Authority Type:: Inventor
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Status:: Full Capacity
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Applicant Authority Type:: Inventor
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Status:: Full Capacity

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Applicant Authority Type:: Inventor
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Correspondence Information

Correspondence Customer Number:: 021394
Name:: ArthroCare Corporation
Street of mailing address:: 680 Vaqueros Avenue
City of mailing address:: Sunnyvale
State or Province of mailing

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CENTRAL FAX CENTER

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address:: CA
 Country of mailing address:: USA
 Posta or Zip Code of mailing address:: 94085-3523
 Phone number:: (408) 736-0224
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Representative Information

Representative Customer Number:: 021394

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation	09/676,194	9/28/00
09/676,194	Non-Provisional of	60/224,107	8/9/00
09/676,194	Continuation in Part	09/316,472	5/21/99
09/316,472	Continuation in Part	09/295,687	4/21/99
09/316,472	Continuation in Part	09/054,323	4/2/98
09/316,472	Continuation in Part	09/268,616	3/15/99
09/295,687	Continuation in Part	08/990,374	12/15/97
09/054,323	Continuation in Part	08/990,374	12/15/97
09/268,616	Continuation in Part	08/990,374	12/15/97
08/990,374	Continuation in Part	08/485,219	6/7/95
09/676,194	Continuation in Part	09/026,851	2/20/1999
09/026,851	Continuation in Part	08/690,159	7/18/1996

Assignee Information

Assignee name:: ArthroCare Corporation
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